Report Year: 2010 11154 Tuolumne General Hospital Sonora Page:1 of 29

Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	11154
Facility Name:	Tuolumne General Hospital
Address:	101 East Hospital Road
City:	Sonora
Hospital Owner/Lice	ensee: County of Tuolumne
Year of Rep	porting: 2010
Contact 1 e-mail Ad	ddress:
Contact 2 e-mail Ad	ddress:
Contact 3 e-mail Add	dress::
Name of Sub	omitter: Craig Pedro
Submission	n Date: 1/27/2011 1:00:00 PM

Report Year: 2010 11154 Tuolumne General Hospital Sonora Page:2 of 29

For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Long Term Care Building	101 East Hospital Road	Remove	N/A	01/01/2013	12/31/2011
02	Generator Building	101 East Hospital Road	Remove	N/A	01/01/2013	12/31/2011
03	Main Hospital	101 East Hospital Road	Remove	N/A	01/01/2013	12/31/2011

Report Year: 2010 11154 Tuolumne General Hospital Sonora Page:3 of 29

Report Year: 2010 11154 Tuolumne General Hospital Sonora Page:4 of 29

Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 01 Building Name: Long Term Care Building						
Type of Service Prov	<u>/ided</u>					
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery		
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby		
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency		
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine		
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical X Dietetic	Rehabilitation Therapy		
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis		
X Skilled Nursing	Inpatient Beds	22 Inpatient Days 7903	Support Services	Outpatient Surgery		
		Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant		

Report Year: 2010 11154 Tuolumne General Hospital Sonora Page:5 of 29

Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 02	Buildi	ng Name: Generator Building		
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery
		Building	Oesalean/Denv	Central Plant

Report Year: 2010 11154 Tuolumne General Hospital Sonora Page:6 of 29

Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 03	Buildi	ng Name: Main Hospital		
Type of Service Prov	rided			
X Nursing	Inpatient Beds	17 Inpatient 0 Days	Surgical	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	4 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
X Psychiatric Nursing	Inpatient Beds	16 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis
X Skilled Nursing	Inpatient Beds	20 Inpatient Days 7184	X Support Services Obstetrical	U Outpatient Surgery
		Total Beds this Building 57	Cesarean/Deliv	X Central Plant

Report Year:

2010

11154

Tuolumne General Hospital

Sonora

Page:7 of 29

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	01 Build	ding Name: Lor	ng Term Care Building		
Medical / Surgical (In	nclude GYN)	Acute Respirator	y Care	Acute Psychiatric	
	npatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Ne	ewborn / GYN)	Burn		Skilled Nursing	
	npatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 22 Bed	Inpatient 7903 Days
Pediatric		intensive Care Ne Nursery	ewborn	Intermediate Card	
·	npatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	nent
	npatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
	npatient 0	Inpatient 0 Bed	Inpatient 0 Days	22	22

Report Year:

2010

11154

Tuolumne General Hospital

Sonora

Page:8 of 29

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	02	Building Name: Ge	enerator Building		
Medical / Surgical	(Include GYN)	Acute Respirato	ry Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care N Nursery	lewborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

Report Year:

2010

11154

Tuolumne General Hospital

Sonora

Page:9 of 29

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	03	Building Name: Main	Hospital		
Medical / Surgical (Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 17 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 16 Bed	Inpatient 0 Days
Perinatal (excluse I	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 20 Bed	Inpatient 7184 Days
Pediatric		intensive Care Nev Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
Inpatient 4 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	57	57

Report Year: 2010 11154 Tuolumne General Hospital Sonora Page:10 of 29

For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Long Term Care Building	X
02	Generator Building	x
03	Main Hospital	X

Report Year: 2010 11154 Tuolumne General Hospital Sonora Page:11 of 29

Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)								
Building Number:	01	Building Name:	Long Term	Care Building		Year of Information:	20	800
					Infor	mation Current As	0′	/05/2011
Type of Service Provided	<u>ces</u>							
Nursing		patient eds	0	Surgical	_	Obstetrical Sesarean/Deliv		Rehabilitation Therapy
IntensiveC		patient eds	0	Anesthesia				
Pediatric//		patient eds	0	Clinical Lab		Obstetrical Lecovery		Renal Dialysis
Psychiatri Nursing		patient eds	0	Radiological/ Imaging		lewborn/ /ellBaby		Outpatient Surgery
Obstetrica Ante/Post		patient eds	0	Pharmaceutical	E	mergency		Central Plant
Intermedia Care		patient eds	0	X Dietetic		uclear ledicine		Support Services
X Skilled Nu	Be To	patient eds otal Beds this uilding	22	Administration				

Report Year: 2010 11154 Tuolumne General Hospital Sonora Page:12 of 29 Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D) Long Term Care Building 2009 01 Year of Building Building Information: Number: Name: 01/05/2011 Information Current As Of: Type of Services **Provided** Surgical Obstetrical Rehabilitation Nursing 0 Inpatient Cesarean/Deliv Therapy Beds Anesthesia IntensiveCare Inpatient 0 Beds Obstetrical Renal Dialysis Recovery Clinical Lab Pediatric/Adol Inpatient 0 escent Beds Outpatient Newborn/ Radiological/ **Psychiatric** Inpatient 0 Surgery WellBaby **Imaging** Nursing Beds Central Plant Pharmaceutical Inpatient Obstetrical 0 **Emergency** Ante/Postprtum **Beds** |x|Dietetic Nuclear Support Inpatient Intermediate 0 Medicine Services Care Beds Administration Skilled Nursing 22 Inpatient Beds Total Beds this 22 Building

Report Year: 2010 11154 Tuolumne General Hospital Sonora Page:13 of 29 Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D) Long Term Care Building 2010 01 Year of Building Building Information: Number: Name: Information Current As Of: Type of Services **Provided** Surgical Obstetrical Rehabilitation Nursing 0 Inpatient Cesarean/Deliv Therapy Beds Anesthesia IntensiveCare Inpatient 0 Beds Obstetrical Renal Dialysis Recovery Clinical Lab Pediatric/Adol Inpatient 0 escent Beds Outpatient Newborn/ Radiological/ **Psychiatric** Inpatient 0 Surgery WellBaby **Imaging** Nursing Beds Central Plant Pharmaceutical Inpatient Obstetrical 0 **Emergency** Ante/Postprtum **Beds** |x|Dietetic Nuclear Support Inpatient Intermediate 0 Medicine Services Care Beds Administration Skilled Nursing 22 Inpatient Beds Total Beds this 22 Building

Report Year: 2010 11154 Tuolumne General Hospital Sonora Page:14 of 29 Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D) Generator Building 2008 02 Year of Building Building Information: Number: Name: 01/05/2011 Information Current As Of: Type of Services **Provided** Surgical Obstetrical Rehabilitation Nursing 0 Inpatient Cesarean/Deliv Therapy Beds Anesthesia IntensiveCare Inpatient 0 Beds Obstetrical Renal Dialysis Recovery Clinical Lab Pediatric/Adol Inpatient 0 escent Beds Outpatient Newborn/ Radiological/ **Psychiatric** Inpatient 0 Surgery WellBaby **Imaging** Nursing Beds Central Plant Pharmaceutical Inpatient Obstetrical 0 **Emergency** Ante/Postprtum **Beds** Dietetic Nuclear Support Inpatient Intermediate 0 Medicine Services Care Beds Administration Skilled Nursing Inpatient 0 Beds Total Beds this 0 Building

Report Year: 2	010 11154	Tuolumne Genera	al Hospital	Sonora	Page:15 of 29			
	Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)							
Building 02 Number:	Building Name:	Generator	Building	Year of Information:	2009			
				Information Current As Of:	01/05/2011			
Type of Services Provided		ı						
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
IntensiveCare	e Inpatient Beds	0	Anesthesia					
Pediatric/Ado	ol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis			
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postprtu	Inpatient um Beds	0	Pharmaceutical	Emergency	Central Plant			
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services			
Skilled Nursin	ng Inpatient Beds	0	Administration					
	Total Beds th Building	nis 0						

Report Year: 2010	11154	Tuolumne Genera	al Hospital	Sonora	Page:16 of 29		
	Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)						
Building 02 Number:	Building Name:	Generator	Building	Year of Information:	2010		
				Information Current As Of:			
Type of Services Provided							
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
IntensiveCare	Inpatient Beds	0	Anesthesia				
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis		
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant		
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services		
Skilled Nursing	Inpatient Beds	0	Administration				
	Total Beds this Building	0					

Report Year: 20	010 11154	Tuolumne Genera	al Hospital	Sonora	Page:17 of 29			
Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)								
Building 03 Number:	Building Name:	Main Hosp	ital	Year of Information:	2008			
				Information Current As Of:	01/05/2011			
Type of Services Provided								
X Nursing	Inpatient Beds	17	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
X IntensiveCare	Inpatient Beds	4	Anesthesia					
Pediatric/Adol	I Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis			
X Psychiatric Nursing	Inpatient Beds	16	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postprtu	Inpatient m Beds	0	Pharmaceutical	Emergency	X Central Plant			
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services			
X Skilled Nursin	g Inpatient Beds	20	X Administration					
	Total Beds th Building	nis 57						

Report Year: 2010	11154	Tuolumne Genera	al Hospital	Sonora	Page:18 of 29
Provide the number of in from acute care services			type of service for the year of 2	2008, 2009 and 2010 for build	dings to be removed
Building 03 Number:	Building Name:	Main Hospi	ital	Year of Information:	2009
				Information Current As Of:	01/05/2011
Type of Services Provided					
X Nursing	Inpatient Beds	17	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X IntensiveCare	Inpatient Beds	4	Anesthesia		
Pediatric/Adol	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	16	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	X Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services
X Skilled Nursing	Inpatient Beds	20	X Administration		
	Total Beds this Building	57			

Report Year:	2010	11154	Tuolumne General Hospital	Sonora	Page:19 of 29
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Provide the number of in from acute care services			type of service for the year of 2	2008, 2009 and 2010 for build	lings to be removed
Building Number:	Building Name:	Main Hospi	ital	Year of Information:	2010
				Information Current As Of:	
Type of Services Provided					
X Nursing	Inpatient Beds	17	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X IntensiveCare	Inpatient Beds	4	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	16	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	X Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services
X Skilled Nursing	Inpatient Beds Total Beds this Building		X Administration		

Report Year: 2010 11154 Tuolumne General Hospital Sonora Page:20 of 29

Report whether the general acute care services and beds will be relocated to a new or retrofittrd building and any corresponding building sites or project numbers per Section 130061(c)(2)(E)

Building Number: Will general acutr care services and beds will be relocated to a new or retrofittrd building?
Skilled Nursing N/A
Building Number: Long Term Care Building Number:
Will general acutr care services and beds will be relocated to a new or retrofittrd building?
Dietetic N/A
Building Number: Long Term Care Building Number:
Number:
Number: Will general acutr care services and beds will be relocated to a new or retrofittrd building?
Number: Will general acutr care services and beds will be relocated to a new or retrofittrd building?
Number: Will general acutr care services and beds will be relocated to a new or retrofittrd building? Skilled Nursing N/A Building Name: Main Hospital
Number: Will general acutr care services and beds will be relocated to a new or retrofittrd building? Skilled Nursing N/A Building Name: Main Hospital Number:

Report Year:	2010 11154	4 Tuolumne	e General Hospital	Sonora	Page:21 of 29
Building Number: Will general acu Intensive Care		Building Name: nd beds will be re	Main Hospital located to a new or retrofittrd building	?	
Building Number: Will general acu Psychiatric Nurs	utr care services a	Building Name: nd beds will be re	Main Hospital located to a new or retrofittrd building	?	
Building Number: Will general acu Skilled Nursing		Building Name: nd beds will be re	Main Hospital located to a new or retrofittrd building	?	
Building Number: Will general acu Administration		Building Name: nd beds will be re	Main Hospital located to a new or retrofittrd building	?	

Report Year:	2010 11154 Tuolumr	e General Hospital	Sonora	Page:22 of 29
Building Number: Will general acu Support Service		Main Hospital elocated to a new or retrofittrd building	?	
Building Number: Will general acu CentralPlant	03 Building Name: tr care services and beds will be r	Main Hospital elocated to a new or retrofittrd building	?	
Building Number: Will general acu Medical/Surgical (Include GYN)		Main Hospital elocated to a new or retrofittrd building	?	
Building Number: Will general acui	03 Building Name: tr care services and beds will be r	Main Hospital elocated to a new or retrofittrd building	?	

Report Year: 2	2010 11154 Tuolumr	ne General Hospital	Sonora	Page:23 of 29
Building 03 Number:		Main Hospital		
Will general acutr car	e services and beds will be r	relocated to a new or retrofittrd build	ing?	
Acute Psychiatric	N/A			
Building 03 Number:	Building Name:	Main Hospital		
Number:		Main Hospital relocated to a new or retrofittrd build	ing?	
Number:		<u> </u>	ing?	

Report Year:	2010	11154	Tuolumne General Hospital		Sonora	Page:24 of 29
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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	01	Building Name:	Long Term Care Build	ding		
Type of Service	e Provided		_		_	
			Surgical	Obstetrical Cesarean/Deliv	Ш	Rehabilitation Therapy
	Nursing		Anesthesia	<u>_</u>		
	IntensiveCare		_	Obstetrical Recovery		Renal Dialysis
П	Pediatric/Adol escent	, L	Clinical Lab	Newborn/	П	Outpatient Surgery
			Radiological/ Imaging	WellBaby		Gurgery
	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant
	Obstetrical Ante/Postprtu	ım		Nuclear		Support
	Anto/i Ostpita	X	Dietetic	Medicine		Services
	Intermediate Care		7			
			Administration			
X	Skilled Nursin	ng				

Report Year:	2010	11154	Tuolumne General Hospital	Sonora	Page:25 of 29
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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	02	Building Name:	Generator Building						
Type of Service Provided Surgical Obstetrical Rehabilitation									
_			Surgical	Obstetrical Cesarean/Deliv		Therapy			
	Nursing		Anesthesia						
	IntensiveCare	,	7	Obstetrical Recovery		Renal Dialysis			
	Pediatric/Adol	,	Clinical Lab	Newborn/		Outpatient Surgery			
			Radiological/ Imaging	WellBaby		Cargory			
Ш	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant			
	Obstetrical Ante/Postprtu	m _	Dietetic	Nuclear Medicine		Support Services			
	Intermediate Care		Administration						
	Skilled Nursin	g							

Report Year:	2010	11154	Tuolumne General Hospital		Sonora	Page:26 of 29
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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	03 Buildi	ng Name: Main Hospital			
Type of Servic	e Provided				
		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing	Anesthesia			
X	IntensiveCare		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol	Clinical Lab			Outpatient
_	escent	Radiological/ Imaging	Newborn/ WellBaby		Surgery
X	Psychiatric Nursing	Pharmaceutical	Emergency	Х	Central Plant
	Obstetrical		Nuclear		
	Ante/Postprtum	Dietetic	Medicine	X	Support Services
	Intermediate	_			
	Care	X Administration			
X	Skilled Nursing				

Report Year:	2010	11154	Tuolumne General Hospital	Sonora	Page:27 of 29
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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number: 01 Building Name: Long Term Care Building							
Configuration .	Remove from GAC	Service by	1/1/2013				
Type of Servic	e Provided						
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical	П	Emergency	П	Central Plant
	itermediate	X	Dietetic				
	are killed Nursing		Administration		Nuclear Medicine		Support Services

Report Year:	2010	11154	Tuolumne General Hospital	Sonora	Page:28 of 29
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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	02	Building Na	me: Generator Buil	ding		
Configuration Remove from G		Service by	1/1/2013			
Type of Servic	e Provided					
N	ursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
In	tensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery	
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		Emorgonov	Central Plant
	itermediate		Dietetic		Emergency	Cential Flant
	are				Nuclear Medicine	Support Services
S	killed Nursing		Administration			

Report Year: 2010 11154 Tuolumne General Hospital Sonora Page:29 of 29

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number	er: 03	Building Na	me: Main Hospital				
Configuration:	Remove from GAC	Service by	1/1/2013				
Type of Serv	vice Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
X	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	П	Emergency	X	Central Plant
	Intermediate Care		Dietetic				
X	Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services

Report Status: **Data Last Update:** 01/07/2011 **Submission Date:** 01/27/2011 **Print Date:** 1/28/2011 8:38 AM

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